

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

61

Primary Registration District No.

4107

Registrar's No.

8843901

STATE FILE NUMBER

DEFILED 01 64

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

PLACE OF DEATH

a. COUNTY Cedar

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN El Dorado Springs

Length of stay in 1b
1 Wk.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Cedar Co. Memorial Hosp

Inside Limits
☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Cedar

c. CITY OR TOWN Washington Twp.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
Caplinger Mills

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First MARY Middle FRANCES Last NEWMAN

4. DATE OF DEATH
Month Nov. Day 26, Year 1964

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8-12-93

9. AGE (last birthday)
71

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Own Home

11. BIRTHPLACE (City and state or country)
Stockton, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Joseph Firestone

13b. MOTHER'S MAIDEN NAME

Eleanor Kirkpatrick

14. NAME OF HUSBAND OR WIFE

Byron O. Newman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, No or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Byron O. Newman, Caplinger Mills, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

CEREBRO-VASCULAR ACCIDENT-

INTERVAL BETWEEN ONSET AND DEATH

9 DAYS-

DUE TO (b)

HYPERTENSION

34 RS-

DUE TO (c)

GENERALIZED ARTERIOSCLEROSIS-

104 RS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 910 11/16/64 to 11/26/64 and last saw her alive on 11/26/64
Death occurred at 910 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Worley K. Stewart M.D.

22b. ADDRESS

808 S. Main Street, Mo.

22c. DATE SIGNED

11/27/64

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
11-29-1964

23c. NAME OF CEMETERY OR CREMATORY
Caplinger Mills Cem.

23d. LOCATION (City, town, or county)
Cedar County, Mo.

(State)

24. FUNERAL DIRECTOR
Cantlon, Stockton, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.
11-27-64

26. REGISTRAR'S SIGNATURE
J. E. Durham, Jr.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

103400

103400

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John H. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.